Fill in this information to identify your case:	
Debtor 1 Deborah L. Nagle	
Debtor 2 Allen J. Nagle (Spouse, if filing)	
United States Bankruptcy Court for the: SOUTHERN DISTRICT OF OHIO	
Case number (If known) 10-62592	Check if this is: An amended filing
Official Form B 6I	A supplement showing post-petition chapter 13 income as of the following date: 12/01/2014 MM / DD/ YYYY

Schedule I: Your Income

12/13

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Fill in your employment information.		Debtor 1	Debtor 2 or non-filing spouse
If you have more than one job,	Employment status	☐ Employed	☐ Employed
attach a separate page with information about additional		■ Not employed	■ Not employed
employers.	Occupation	retired	retired
Include part-time, seasonal, or self-employed work.	Employer's name		
Occupation may include student or homemaker, if it applies.	Employer's address		
	How long employed to	here?	

Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 1 For Debtor 2 or non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 0.00 0.00 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 0.00 0.00 Calculate gross Income. Add line 2 + line 3. 0.00 0.00

Official Form B 6I Schedule I: Your Income page 1

Debto Debto		Deborah L. Nagle Allen J. Nagle		Cas	e number (<i>if known</i>)	10-62	592	
	0	ve Pine Albana	4		or Debtor 1	non-f	ebtor 2 or iling spouse	
	Cop	by line 4 here	4.	\$_	0.00	\$	0.00	
5.	List	all payroll deductions:						
	5a.	Tax, Medicare, and Social Security deductions	5a.	\$	0.00	\$	0.00	
	5b.	Mandatory contributions for retirement plans	5b.	\$	0.00	\$	0.00	
	5c.	Voluntary contributions for retirement plans	5c.	\$	0.00	\$	0.00	
	5d.	Required repayments of retirement fund loans	5d.	\$_	0.00	\$	0.00	
	5e.	Insurance	5e.	\$_	0.00	\$	0.00	
	5f.	Domestic support obligations	5f.	\$_	0.00	\$	0.00	
	5g.	Union dues	5g.	\$_	0.00		0.00	
	5h.	Other deductions. Specify:	_ 5h.+	\$_	0.00	-	0.00	
6.	Add	I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	\$_	0.00	\$	0.00	
7.	Cal	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	0.00	\$	0.00	
8.	List 8a.	all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a.	\$	0.00	\$	0.00	
	8b.	Interest and dividends	8b.	\$	0.00	<u>\$</u> —	0.00	
	8c.	Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$	0.00	\$	0.00	
	8d.	Unemployment compensation	8d.	\$	0.00	\$	0.00	
	8e.	Social Security	8e.	\$	0.00	\$	1,700.00	
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	8f.	\$_	0.00	\$	0.00	
	8g.	Pension or retirement income	8g.	\$_	0.00	\$	1,064.08	
	8h.	Other monthly income. Specify: IRA	8h.+	\$_	1,727.85	+ \$	2,505.82	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$_	1,727.85	\$	5,269.90	
10.		culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10. \$		1,727.85 + \$	5,26	9.90 = \$ 6,9	97.75
11.	Incliothe Other	te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not accify:	depen		. ,	,	hedule J. 11. +\$	0.00
12.		If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certainlies						97.75
13.	Do	you expect an increase or decrease within the year after you file this form	?				Combined monthly inc	ome
		No. Yes. Explain:						

	in this information with the						
FIII	in this information to identify y	our case:					
Deb	Deborah L.	Nagle				k if this is:	
Deb	otor 2 Allen .I Nac	ala				An amended filing A supplement show	wing post-petition chapter
	otor 2 Allen J. Naç ouse, if filing)	jie			_	13 expenses as of	01 1
	<u>-</u> .				_	12/01/2014	
Unit	ed States Bankruptcy Court for th	e: SOUTH	IERN DISTRICT OF OHIO			MM / DD / YYYY	
Cas	e number 10-62592					A separate filing fo	r Debtor 2 because Debtor
(If kı	nown)					2 maintains a sepa	rate household
\bigcirc	fficial Form B 6J						
	chedule J: Your	 Exper	nses				12/13
Be info	as complete and accurate a ormation. If more space is n mber (if known). Answer eve	s possible. eeded, atta	. If two married people ar ich another sheet to this				
Par		ehold					
1.	Is this a joint case?						
	No. Go to line 2.						
	■ Yes. Does Debtor 2 live	in a separ	ate household?				
	■ No						
	☐ Yes. Debtor 2 mu	ıst file a sep	parate Schedule J.				
2.	Do you have dependents?	[™] No					
	Do not list Debtor 1 and Debtor 2.	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state the						□ No
	dependents' names.						☐ Yes
							□ No
						<u> </u>	☐ Yes ☐ No
							☐ Yes
							□ No
							☐ Yes
3.	Do your expenses include expenses of people other		No				
	yourself and your depende		Yes				
	t 2: Estimate Your Ongo						
exp	imate your expenses as of y penses as of a date after the plicable date.						
	lude expenses paid for with						
	value of such assistance a	nd have inc	cluded it on Schedule I: Y	our Income		Your exp	enses
4.	The rental or home owner payments and any rent for the			nclude first mortgage	4. \$		930.00
	If not included in line 4:						
	4a. Real estate taxes				4a. \$		0.00
	4b. Property, homeowner	's, or renter	's insurance		4b. \$		30.00
	4c. Home maintenance, r	epair, and ι	ıpkeep expenses		4c. \$		0.00
	4d. Homeowner's associa				4d. \$		0.00
5.	Additional mortgage paym	nents for vo	our residence, such as ho	me equity loans	5. \$		0.00

	tor 1 Deborah L. Nagle tor 2 Allen J. Nagle	Case number (i	f known)	10-62592
6.	Utilities:			
	6a. Electricity, heat, natural gas	6a. \$		150.00
	6b. Water, sewer, garbage collection	6b. \$		116.00
	6c. Telephone, cell phone, Internet, satellite, and cable services	6c. \$		0.00
	6d. Other. Specify: phone \$183, cable & internet \$81, trash \$66	6d. \$		330.00
7.	Food and housekeeping supplies	7. \$		600.00
8.	Childcare and children's education costs	8. \$		0.00
9.	Clothing, laundry, and dry cleaning	9. \$		120.00
10.	Personal care products and services	10. \$		80.00
11.	Medical and dental expenses	11. \$		750.00
12.	Transportation. Include gas, maintenance, bus or train fare.			
	Do not include car payments.	12. \$ <u> </u>		320.00
13.	Entertainment, clubs, recreation, newspapers, magazines, and books	13. \$		0.00
14.	Charitable contributions and religious donations	14. \$		0.00
15.	Insurance.	_		
	Do not include insurance deducted from your pay or included in lines 4 or 20.	45- 0		
	15a. Life insurance	15a. \$		640.00
	15b. Health insurance	15b. \$		143.00
	15c. Vehicle insurance	15c. \$		114.00
	15d. Other insurance. Specify: long term care insurance	15d. \$		199.00
16.	Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20.	40.0		
	Specify: property tax, Apple Valley	16. \$ <u></u>		23.00
17.	Installment or lease payments:	47- ¢		0.00
	17a. Car payments for Vehicle 1	17a. \$		0.00
	17b. Car payments for Vehicle 2	17b. \$		0.00
	17c. Other. Specify:	17c. \$		0.00
4.0	17d. Other. Specify:	17d. \$ _		0.00
18.	Your payments of alimony, maintenance, and support that you did not report deducted from your pay on line 5, Schedule I, Your Income (Official Form 6I).	as 18. \$		0.00
19	Other payments you make to support others who do not live with you.	\$		0.00
	Specify:	19.		0.00
20.	Other real property expenses not included in lines 4 or 5 of this form or on So		ncome.	
	20a. Mortgages on other property	20a. \$		0.00
	20b. Real estate taxes	20b. \$		0.00
	20c. Property, homeowner's, or renter's insurance	20c. \$		0.00
	20d. Maintenance, repair, and upkeep expenses	20d. \$		0.00
	20e. Homeowner's association or condominium dues	20e. \$		0.00
21.	Other: Specify: RE asssessment, Apple Valley	21. +\$		32.00
	pet care \$60, tax prep \$20	+\$		80.00
22.	Your monthly expenses. Add lines 4 through 21.	22. \$		4,657.00
	The result is your monthly expenses.			
23.	Calculate your monthly net income.			
	23a. Copy line 12 (your combined monthly income) from Schedule I.	23a. \$		6,997.75
	23b. Copy your monthly expenses from line 22 above.	23b\$		4,657.00
	23c. Subtract your monthly expenses from your monthly income.	23c. \$		2,340.75
	The result is your monthly net income.	200. [7		,
24.	Do you expect an increase or decrease in your expenses within the year after For example, do you expect to finish paying for your car loan within the year or do you expect y modification to the terms of your mortgage? No.			ase or decrease because of a
	□ Yes.			
	Explain:			